



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT SEXUAL BEHAVIOR

Effective Date: December 11, 2015

Policy #: TX-11



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- I. PURPOSE:** To provide appropriate guidelines and procedures for staff to follow when confronted with issues relating to the sexual behavior of hospital patients.
- II. POLICY:** Montana State Hospital (MSH) has a policy of no sexual relations between hospital patients during the course of hospitalization. To this end, all patients will be provided with education and/or counseling regarding the hospital policy on no sexual relations as outlined in this policy. Patients are also educated about the rationale for the hospital policy and risks associated with sexual activity in a psychiatric hospital, including limited capacity to consent, pregnancy, and sexually transmitted diseases. MSH will take precautions to protect patients from sexual abuse, and restrict sexual relations between patients.
- III. DEFINITIONS:**
 - A. Explicit sexual material – is defined as any materials, such as books, photographs, magazines, catalogues, drawings or movies depicting nudity, or erotic behavior that is commonly interpreted to appeal to sexual interest and may be perceived as pornographic.
- IV. RESPONSIBILITIES:**
 - A. Responsibilities of ALL Staff:
 1. To understand and follow hospital policy.
 2. To ask for assistance from other appropriate supervisory or clinical staff members when faced with a difficult issue not clearly addressed by policy.
 3. To attempt to protect patients who may be particularly vulnerable to being sexually abused by other patients.
 4. To protect patients who may have experienced traumatic events and who are at risk for being re-traumatized.
 5. To respond appropriately to questions or concerns that patients may have regarding sexual issues or behaviors.

6. To ensure that education, guidance or counseling on sexual issues, including pregnancy and sexually transmitted diseases, is provided per treatment plan or as appropriate.
7. To complete an Incident Report form as per MSH Policy #SF-04, "Incident Responses and Reporting" when there is evidence of sexual abuse, touching, or intercourse.
8. To redirect or restrict patients who may be demonstrating sexual behaviors towards other patients.

V. PROCEDURE:

A. Public Registration Screening:

1. Hospital staff will search the state and national registration lists to identify new patients that might be listed as sexual predators or known sexual abusers.
2. Hospital staff will notify treatment teams of newly admitted patients that are on the registration lists.
3. Treatment teams will assess the newly admitted patient's risk for sexually abusing other patients up to and including referring the patient to licensed qualified sex offender counselor for an evaluation of the patient's level of risk of reoffending. Following this assessment the team will develop an appropriate risk management plan.
4. Risk management plans will be modified by treatment teams as indicated.

B. Unit Orientation for Patients: A treatment team member will summarize MSH policy #TX-11, *Patient Sexual Behavior* with each patient during their orientation to the hospital.

C. Sexual Education and Counseling Services for Patients:

1. The hospital will, as part of its comprehensive treatment program, offer patients an opportunity to participate in educational and therapeutic programs that will provide them with appropriate information on socio-sexual issues (e.g. sexually transmitted diseases, birth control methods, social skills). This may be done in programs specifically designed for this purpose, or may be included in broader focused treatment programs such as social skills groups, psychotherapy groups, and health education classes.
2. As part of a patient's individual treatment program, patients may request or be prescribed counseling and therapy services for sexual problems/needs from appropriately trained staff members.

D. Sexual Activity Between Patients:

1. The hospital recognizes that sexual contact between consenting adults is a normal activity. However, sexual contact between patients in the hospital, on the hospital grounds, or during hospital activities off of the grounds is against hospital policy for the following reasons:
 - a. to protect the health and safety of patients who might be exposed to pregnancy or sexually transmitted diseases;
 - b. to protect patients who may lack the cognitive capacity to consent to having sexual contact;
 - c. to protect patients who could be vulnerable to victimization or exploitation by others during a time when they are experiencing symptoms of mental illness so severe as to require hospitalization;
 - d. to protect patients who have difficulty controlling their sexual impulses;
 - e. to protect the privacy rights of all patients; and
 - f. to maintain order and decorum in the hospital consistent with hospital and community expectations.
2. Staff members will take reasonable steps to prevent the opportunity for sexual contact between patients. This may include defining the campus boundaries where patients may use their leisure pass and limiting leisure pass for individuals who demonstrate poor impulse control or reckless behavior.
3. Staff will observe for patients engaging in touching of a sexual or romantic nature, remind them it is against hospital policy, and redirect them to follow the policy. Any observation of sexual touching will be reported to the treatment teams who will develop risk management plans.
4. Patients who are found to be engaging in sexual contact with another patient:
 - a. will be reminded of MSH policy #TX-11, *Patient Sexual Behavior*;
 - b. may have limitations or restrictions placed on pass privileges for a period of time as a result of their violation of hospital policy; and
 - c. will be assessed by a clinical professional to determine whether there is any predatory or exploitive behavior involved. A clinical determination may be made as to whether the patient should receive counseling or be involved in educational programs that address this issue. Modifications to the patient's treatment plan will be made as determined to be necessary by the treatment team. Loss of pass/hospital privileges will be central to treatment when a patient does not honor the hospital's policy.
5. Patients engaging in sexually abusive behavior towards other patients may be subject to additional restrictions designed to prevent harm and promote safety, up to and including:
 - a. Placement in close or constant observation status
 - b. Restriction to certain areas of the unit or hospital grounds
 - c. Notification of law enforcement

- E. Sexual Activity Between Patients and Their Spouses or Visitors: The hospital does not offer appropriate facilities for patients to have sexual contact with their spouses or with other visitors while hospitalized. Should patients desire sexual behavior with a significant other during a visit, they may request permission for an off-grounds visit. In such a case, the hospital's policy on off-grounds visits will be followed.
- F. Sexual Assaults by Patients: Refer to MSH Policy #ER- 01, "Allegation of Rape."
- G. Known Inappropriate or Deviant Sexual Problems as a Treatment Issue:
1. Patients exhibiting specific sexual problems or behaviors such as sexual disorders, dysfunctions, "high-risk" behavior, and/or inappropriate or unlawful behavior will have the problem/behavior addressed on their individualized treatment plan.
 2. Patients may be referred for a psychosexual screening or evaluation. The evaluation should address risk and treatment recommendations.
- H. Explicit Sexual Material:
1. Explicit sexual material is not allowed in the hospital or anywhere on the hospital campus.
 2. Explicit sexual material is considered contraband and will be confiscated and destroyed.
 3. Patients may not access sexually explicit sites on the internet or any personal electronic device during their hospitalization.
- I. Prescription Birth Control Medications: Birth control medications may be prescribed for patients as indicated.
- VI. REFERENCES:** MSH Policy #ER-01, "Allegation of Rape"; MSH Policy #SF-04, "Incident Response and Reporting"
- VII. COLLABORATED WITH:** Medical Director, Director of Nursing.
- VIII. RESCISSIONS:** #TX-11, *Patient Sexual Behavior* dated April 29, 2010; #TX-11, *Patient Sexual Behavior* dated May 27, 2009; #TX-11, *Patient Socio-Sexual Behavior* dated January 15, 2008; #TX-11, *Patient Socio-Sexual Behavior* dated August 4, 2003; #TX-11, *Patient Socio-Sexual Behavior* dated May 20, 2002; Policy # TX-11, *Patient Socio-Sexual Behavior* dated March 1, 2000; H.O.P.P. #13-03 S. 090391, *Patient Socio-Sexual Behavior* dated September 3, 1991.

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- IX. DISTRIBUTION:** All hospital policy manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Hospital Administrator
- XII. ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director